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## PROVISIONAL APPLICATION COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION under 37 CFR 1.53 (b)(2).

Docket Number		D-12104		Type a plus sign (+) inside this box →	+
INVENTOR(s)/APPLICANT(s)					
LAST NAME	FIRST NAME	MIDDLE INITIAL	RESIDENCE (CITY AND EITHER STATE OR FOREIGN COUNTRY)		
LEVINE	ALFRED	B	BETHESDA, MARYLAND		
TITLE OF THE INVENTION (250 characters max)					
DUAL MODE NAVIGATION SYSTEM					
CORRESPONDENCE ADDRESS					
P.O. Box 34-1738, BETHESDA					
STATE	MD.	ZIP CODE	20827	COUNTRY	USA
ENCLOSED APPLICATION PARTS (check all that apply)					
<input checked="" type="checkbox"/>	Specification	Number of Pages	6	<input type="checkbox"/>	Small Entity Statement
<input checked="" type="checkbox"/>	Drawing(s)	Number of Sheets	1	<input type="checkbox"/>	Other (specify)
METHOD OF PAYMENT (check one)					
<input checked="" type="checkbox"/>	A check or money order is enclosed to cover the Provisional filing fee				PROVISIONAL FILING FEE AMOUNT (\$)
<input type="checkbox"/>	The Commissioner is hereby authorized to charge filing fees and credit Deposit Account Number:				

The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.

☒ No.☐ Yes, the name of the U.S. Government agency and the Government contract number are: \_\_\_\_\_

Respectfully submitted,

SIGNATURE

*Alfred B. Levine*

Date

12/4/04

TYPED or PRINTED NAME

ALFRED B. LEVINE

REGISTRATION NO.

(if appropriate)

☐

Additional inventors are being named on separately numbered sheets attached hereto

## PROVISIONAL APPLICATION FILING ONLY

Duration: This form is estimated to take 2 hours to complete. It is not for use in connection with the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Assistance, Quality and Enhancement Division, Patent and Trademark Office, Washington, DC 20531, and to the Office of Information and Regulatory Affairs, Office of Management and Budget (PMR) (0037), Washington, DC 20501. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Filing, Washington, DC 20531.